



## ARIZONA DEPARTMENT OF PUBLIC SAFETY

## APPLICANT FINGERPRINT CLEARANCE CARD APPLICATION

P. O. BOX 18390 ♦ PHOENIX, ARIZONA 85005-8390 ♦ (602) 223-2279

*Please type or print legibly in black ink. SUBMIT ORIGINAL FORM ONLY; REPRODUCTIONS NOT ACCEPTED*

<b>1</b> LEGAL NAME: (LAST, FIRST, MIDDLE)			
<b>2</b> SOCIAL SECURITY NUMBER:		<b>3</b> DAYTIME PHONE NUMBER: (INCLUDE AREA CODE)	
<b>4</b> EXT:			
<b>5</b> DATE OF BIRTH: MO DAY YEAR	<b>6</b> RACE: <input type="checkbox"/> Asian/Pacific Islander (A) <input type="checkbox"/> Black (B) <input type="checkbox"/> Hispanic (H) <input type="checkbox"/> American Indian or Alaskan Native (I) <input type="checkbox"/> Caucasian (W)		
<b>7</b> SEX: <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>8</b> HEIGHT:	<b>9</b> WEIGHT:	<b>10</b> EYE COLOR: <input type="checkbox"/> Blue (Blu) <input type="checkbox"/> Green (Grn) <input type="checkbox"/> Hazel (Haz) <input type="checkbox"/> Black (Blk) <input type="checkbox"/> Brown (Bro) <input type="checkbox"/> Gray (Gry)
<b>11</b> HAIR COLOR: <input type="checkbox"/> Brown (Bro) <input type="checkbox"/> Blonde (Bln) <input type="checkbox"/> White (Whi) <input type="checkbox"/> Black (Blk) <input type="checkbox"/> Gray (Gry) <input type="checkbox"/> Red or Auburn (Red) <input type="checkbox"/> Bald (XXX)		<b>12</b> PLACE OF BIRTH: (STATE / COUNTRY)	
<b>13</b> MAILING ADDRESS: (FULL STREET ADDRESS INCLUDING APT. NO. OR P.O. BOX NO.)			
(CITY)		(STATE)	(ZIP + 4)
<b>14</b> PHYSICAL ADDRESS: IF DIFFERENT THAN MAILING ADDRESS (FULL STREET ADDRESS INCLUDING APT. NO. OR P.O. BOX NO.)			
(CITY)		(STATE)	(ZIP + 4)
<b>15</b> NAME OF EMPLOYER OR SPONSOR: (N/A FOR TEACH CERTIFICATION & STUDENT SERVICES PROGRAM)		<b>16</b> EMPLOYER PHONE NUMBER: (INCLUDE AREA CODE)	
(FULL STREET ADDRESS INCLUDING APT. NO. OR P.O. BOX NO.)		(CITY)	(STATE) (ZIP + 4)
<b>17</b> SIGNATURE OF APPLICANT: (I authorize custodians of records to release such information to the Arizona Department of Public Safety for the purpose of processing my application for a Fingerprint Clearance Card.)			<b>18</b> DATE:
<b>19</b> (NO PERSONAL CHECKS OR CASH)			
<input type="checkbox"/> Applicant will be a volunteer working with children, the elderly, or individuals with disabilities. (Total Fee is \$38.00)			
<input type="checkbox"/> All other. (Including Teacher Certification) (Total Fee is \$44.00)			
<b>20</b> I AM APPLYING FOR THE FOLLOWING: (CHECK ALL THAT APPLY)			
<u>Work in Child Day Care / Child Nutrition Programs</u> <input type="checkbox"/> Dept. of Economic Security (ARS 41-1964 & 46-141) <input type="checkbox"/> Dept. of Education (ARS 46-321) <input type="checkbox"/> Dept. of Health Services (ARS 36-897.01 & 36-897.03) <input type="checkbox"/> Dept. of Health Services (ARS 36-883.02 & 36-882)		<u>Work with Persons Who Have Developmental Disabilities</u> <input type="checkbox"/> Dept. of Economic Security (ARS 36-594-.01)	
<u>Child Care Home Provider</u> <input type="checkbox"/> Dept. of Economic Security (ARS 41-1967.01)		<u>Work with Domestic Violence / Homeless Shelters</u> <input type="checkbox"/> Dept. of Economic Security (ARS 36-3008 & 46-141)	
<u>Work in Child / Welfare &amp; Adolescent Behavioral Health Treatment Programs</u> <input type="checkbox"/> Supreme Court, Administrative Office of the Court (ARS 8-322) <input type="checkbox"/> Dept. of Economic Security (ARS 46-141) CW & ABH Dept. of Juvenile Corrections (ARS 41-2814) <input type="checkbox"/> Dept. of Health Services (ARS 36-425.03)		<u>Residential or Nursing Care Institutions; Home Health Agencies</u> <input type="checkbox"/> Dept. of Health Services (ARS 36-411)	
		<u>Teacher Certification</u> <input type="checkbox"/> State Board of Education (ARS 15-534)	
		<u>Work in JOBS / JTPA Programs</u> <input type="checkbox"/> Dept. of Economic Security (ARS 46-141) JOBS / ATPA	
		<u>Work in Exceptional Student Services Program</u> <input type="checkbox"/> Dept. of Education (ARS 15-763.01)	

Distribution:

White Copy: To be submitted with completed fingerprint card and fee.

Yellow Copy: To be submitted to employer or sponsor.

Pink Copy: To be retained by applicant. NOTE: APPLICATION NUMBER is required in order to make inquiries on status